



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

APPLICATION FOR A PUBLIC POOL OPERATING PERMIT

This application must be completed for each new public pool, or an existing public pool if there is a change in name or ownership. Return this application to the address below and please make a photocopy for your records. AN APPLICATION MUST BE SUBMITTED FOR EACH POOL (i.e., a facility with a swimming pool (SwP), a wading pool (WP) and a spa pool (SpP) must submit three (3) applications). INCOMPLETE APPLICATIONS MAY BE RETURNED. If there are any questions regarding this form, call (302) 741-8630. PLEASE PRINT OR TYPE.

Doug Lodge, Environmental Engineer IV
Blue Hen Corporate Center
655 Bay Road, Suite 203
Dover, DE 19901

Application is for: a new pool ☐; an existing pool (change of name or ownership) ☐

FACILITY/POOL NAME _____

MAILING ADDRESS _____

PHONE # _____

LOCATION (if different) _____

PERSON IN CHARGE (*) (pool owner) _____ PHONE # _____

APPROVED POOL OPERATOR (**) _____ PHONE # _____

TYPE OF POOL (choose only one): Swimming Pool-SwP ☐ Wading Pool-WP ☐ Spa Pool-SpP ☐
Water Slide Flume-WSF ☐ Special Purpose Pool-SpPP ☐

VOLUME (gal) _____ SOURCE OF POTABLE WATER _____

TYPE OF FILTRATION: Sand ☐ Diatomaceous earth-D.E. ☐ Cartridge ☐

TYPE OF DISINFECTION: Chlorine without stabilizer (cyanuric acid) ☐ Chlorine with stabilizer ☐ Bromine ☐

This pool is: Indoors ☐ Outdoors ☐ Daily operating hours _____

This pool is: Open year around ☐ Opens (date) _____ and closes _____

Name of Applicant _____ Title/Position _____

Signature of Applicant _____ Date _____

(NOTE-IF YOU PLAN ANY CHANGES OR REHABILITATION WORK ON THIS POOL, PLEASE CONTACT DOUG LODGE, 655 BAY ROAD SUITE 203 DOVER, DE 19901 - PHONE (302) 741-8630 TO DETERMINE IF PLANS AND SPECIFICATIONS MUST BE SUBMITTED FOR A CERTIFICATE OF APPROVAL.)

DO NOT WRITE BELOW THIS LINE - FOR REGULATORY AGENCY USE ONLY

This public pool operating permit application is ____ APPROVED ____ DISSAPPROVED [If disapproved, specify reason(s)]

(Signature of Program Manager)

(Date)

(Signature of Program Administrator)

(Date)

(*) See Section 26.121 of the Regulations

(**) See Sections 26.102 and 26.205 of the Regulations